

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-82  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date drilling completed: 10-20-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Jarvis Lowe</u>	Latitude: <u>31° 14' 20"</u> Longitude: <u>89° 51' 47"</u>
Mailing Address: <u>P.O. Box 8-3320 Hwy 35N</u> <u>Foxworth MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: <u>39483</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 736 3022</u>	<u>1/4</u> <u>8</u> <u>1/4</u> Sec. <u>3</u> Twn. <u>3N</u> Rng. <u>13E</u>
	Distance: _____ Direction: <u>N</u> Nearest Town: <u>Foxworth</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 10-20-04 Date well drilling completed: 10-20-04

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 10-20-04

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 0 ~~20~~ feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 80 feet to 100 feet

Type of completion (circle all applicable): Gravel-packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

**RECEIVED**  
 NOV 04 2004  
 BY: OLWR

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JAMES WELLS 0586 James Wells  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor



